

HEREFORDSHIRE COUNTY COUNCIL



# ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER

OF HEALTH

FOR THE YEAR

1969





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# Annual Public Health Report for 1969

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**To the Chairman and Members of the Health Committee.**

I have the honour to present my Annual Report on the Council's Health Services for the year 1969.

The estimated population was 142,060. The birth rate was 16.6 per 1,000 population, the death rate was 11.2 per 1,000 population, the infant mortality rate was 17.5 per 1,000 live births and the still birth rate was 10.0 per 1,000 live and still births.

The co-ordination and co-operation of the Health Department's services with the hospital and family doctor services have continued on the same lines as in previous years. Much of the success of this happy relationship, depends on the day-to-day mutual confidence between the members and officials concerned.

Proposed provision of a health centre at Ross-on-Wye led to much discussion and although agreement between the three branches of the Health Services was reached on its erection on a particular site, this at first was not acceptable to the Planning Authority.

There has been a rapid increase in the private day care facilities for children under five. Up to the present time we have not found it necessary to pay child minders a small weekly sum in return for their willingness to accept children on the priority group like those for the St. Martin's Day Nursery, nor to make similar arrangements for care in private day nurseries. Occasionally cases are now coming forward and it may be worth while having another look at this matter.

Reference is made in the body of the Report to the scheme for notification of congenital defects apparent at birth.

The Principal Nursing Officer is responsible for the day-to-day running of the domiciliary nursing services. At the supervisory level, difficulty has been experienced in the recruitment of a deputy or assistant nursing officers. Several years ago we hoped to have one nursing officer supervising the health visiting and day nurseries and another supervising home nursing and midwifery. This has not been possible and so arrangements are being made for two nurses undertaking field work to assist the Principal Nursing Officer, on a part-time basis, with the administration of the domiciliary nursing service.

Reference is made in the body of the Report to existing arrangements of attachment and liaison schemes between the domiciliary nursing staff and family doctors. This will be a definite line of development of the Health Services in years to come.

Preliminary consultation was given to the question of introducing middle management into the Ambulance Services. The staff of the Ambulance Services has been built up from small beginnings following the establishment of the Service in 1948, development taking place according to immediate need. We have been influenced by Naldrett's Report on the Ambulance Service in 1965 and, more recently, by the Reports of the Working Party of the former Ministry of Health dealing with training, equipment and vehicles. The introduction of some form of middle management will become necessary.

No action was taken by the Council on the fluoridation of the public water supplies. The matter continues to be discussed from time to time. It was stated that fluoridation of water supplies in Herefordshire was not one of urgency and that in the present economic circumstances no further steps should be taken for the time being to implement the decision to approve the fluoridation of water supplies. I continue to advise that the adjustment of the natural fluoride content of water to the recommended level of one part per million is a safe and effective way of reducing the incidence of dental decay.

Health education continues to increase. In years gone by, health education dealt with environmental health, later with vaccination and immunisation, now with screening procedures—for example, cervical cytology.

Special attention was given to the problems of accidental poisoning in the home. Investigations into poisoning accidents of young children in the home confirmed that some of them might have been avoided. Cases were followed up by health visitors. Attention was drawn to the need for particular care in handling medicines and drugs. We ran a special health education campaign dealing with this subject. The campaign required close liaison with the police, general medical practitioners and pharmacists. It certainly was successful in that it drew attention to the problems and led to a quantity of unused drugs being returned to the pharmacists. We had excellent support from television, radio and the press. Let us hope that it will have led to fewer cases of poisoning accidents of young children in the home.

The forthcoming transfer of responsibility of the Barrs Court Junior Training centre to another committee of the County Council makes it an appropriate time to give an account of its development: this is set out at the end of the Report.

I would like to express my gratitude to the members of the Health Committee for their support which they have given to me over so many years and to pay tribute to the staff of the department for their hard work and loyalty.

J. S. COOKSON,

*County Medical Officer.*

COUNTY HEALTH DEPARTMENT,  
35, BRIDGE STREET,  
HEREFORD.

## THE HEALTH COMMITTEE

(as at 31st December, 1969)

ALDERMAN MRS. A. J. PASKE  
(Chairman)

COUNCILLOR R. F. S. CLARKE  
(Vice-Chairman)

*Aldermen:*

T. W. BARNES  
MISS S. G. DUNNE, J.P.  
LT-COMMDR. G. GLENTON  
R. H. K. JOYCE

S. T. LAYTON  
W. D. PORTER, J.P.  
S. R. SOUTHALL

*Councillors:*

MRS. M. BRIERLEY  
R. B. A. BURKE  
MRS. S. P. CHANDLER  
J. DAVIES  
F. W. GREFN  
T. B. INGRAM  
S. T. JONES  
COMMANDER D. LAMPEN

E. L. LEWIS  
V. T. PREECE  
MRS. J. D. PRENDERGAST  
R. H. W. SKERRETT  
D. SMITH  
T. R. STEPHENS  
DR. D. C. VAUGHAN  
MISS R. G. VIRGO

*Education Committee Representatives:*

COUNCILLOR E. W. G. BALLINGER

ALDERMAN MRS. A. J. PASKE

*Herefordshire Hospital Management Committee Representatives:*

MRS. P. SHELTON

MISS M. A. SMALLDON

*Local Executive Council Representatives:*

DR. H. PARKES

J. P. WILLIAMS

*Hereford City Council Representatives:*

COUNCILLOR J. D. CHATLAND  
COUNCILLOR T. C. COURT

COUNCILLOR E. E. HUNT  
COUNCILLOR C. E. PRICE

*Co-opted Members:*

BRIG. H. S. J. BOURKE, D.S.O., O.B.E., M.C.  
MRS. J. B. SENIOR

BRIG. D. D. ZVEGINTZOV, C.B.E.

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## THE PUBLIC HEALTH AND PROTECTION COMMITTEE

(as at 31st December, 1969)

ALDERMAN S. R. SOUTHALL  
(Chairman)

ALDERMAN A. H. C. SYKES  
(Vice-Chairman)

*Aldermen:*

T. W. BARNES  
K. V. JAMES-MOORE  
S. T. LAYTON

MRS. A. J. PASKE  
W. D. PORTER, J.P.  
T. L. STOKES

*Councillors*

MRS. M. BRIERLEY  
MRS. J. E. CARTER  
MRS. S. P. CHANDLER  
R. F. S. CLARKE  
J. DAVIES  
P. L. HUGHES  
T. B. INGRAM

W. G. JENKINS  
E. C. LEWIS  
E. L. LEWIS  
F. L. MALLESON  
R. O. OLIVER  
V. T. PREECE  
T. R. STEPHENS

## STAFF

### *County Medical Officer:*

J. S. COOKSON, M.A., M.D., D.P.H., Barrister-at-Law.

### *Deputy County Medical Officer:*

\*I. F. MACKENZIE, M.D., D.P.H., D.T.M. & H.

### *Medical Officers in Department:*

\*G. D. K. NEEDHAM, M.R.C.S., L.R.C.P., D.P.H.

J. G. HUNT, M.B., B.S., M.M.S.A.

VIVIAN P. HELME, M.B., CH.B., D.(OBST.), R.C.O.G.

H. M. KENT, M.B., CH.B., D.(OBST.), R.C.O.G.

\*J. SLEIGH, M.B., CH.B., D.P.H.

### *Principal Dental Officer:*

O. S. BENNETT, L.D.S., R.C.S.ENG.

### *Supervisor of Midwives and Principal Nursing Officer:*

MISS E. O. ROBERTS, S.R.N., S.C.M., M.T.D., H.V.

### *Nursing Staff:*

A total establishment of 86 staff covers the domiciliary nursing, midwifery and health visiting services as combined duties in rural areas and mainly as specialised duties in urban areas including Hereford City.

### *Chief Administrative Officer:*

K. J. WILLIAMS.

\*Also District Medical Officers of Health.

This table shows the areas covered by the four District Medical Officers of Health—

Dr. G. D. K. Needham, Westfield Walk, Leominster, Hfds. Tel. Leominster 2049	Dr. J. Sleigh, Chepstow House, Ross-on-Wye, Hfds. Tel. Ross-on-Wye 2214	Dr. I. F. MacKenzie, Town Hall, Hereford. Tel. Hereford 3021	Dr. R. Wood Power, 1, Ledbury Road, Hereford. Tel. Hereford 5457
Bromyard R.D.C.  Kington U.D.C.  Kington R.D.C.  Leominster Borough  Leominster and Wigmore R.D.C.  Weobley R.D.C.	Dore & Bredwardine R.D.C.  Ledbury R.D.C.  Ross on-Wye U.D.C.  Ross & Whitchurch R.D.C.	Hereford City	Hereford R.D.C.



# GENERAL STATISTICS

Area of County ... 539,165 acres

	1968	1969		
	<i>Population</i>	<i>Live Births</i>	<i>Deaths</i>	<i>Population</i>
URBAN				
Hereford City (M.B.) ...	47,140	830	481	47,170
Kington ... ..	1,910	27	35	1,900
Leominster (M.B.) ... ..	6,970	109	99	6,960
Ross-on-Wye ... ..	6,520	106	89	6,570
Total Urban Districts ...	62,540	1,072	704	62,600
RURAL				
Bromyard ... ..	8,610	122	109	8,570
Dore and Bredwardine ...	7,820	108	68	7,750
Hereford ... ..	20,030	346	232	20,330
Kington ... ..	4,330	51	51	4,270
Ledbury ... ..	11,740	177	163	11,700
Leominster and Wigmore ...	9,680	159	130	9,630
Ross and Whitchurch ...	11,540	165	149	11,540
Weobley ... ..	5,700	86	71	5,670
Total Rural Districts ...	79,450	1,214	973	79,460
Total County ... ..	141,990	2,286	1,677	142,060
England and Wales ... ..	48,593,000	797,542	579,463	48,826,800

**Note**—The population figures shown are the Registrar General's estimated population at the 30th June.

# VITAL STATISTICS

										1968	1969
HEREFORDSHIRE											
Live births	...	...	...	...	...	...	Male	...	1,119	1,174	
							Female	...	1,117	1,112	
							Total	...	2,236	2,286	
Live birth rate per 1,000 population				...	...	...	...	...	16.2*	16.6*	
Illegitimate live births per cent of total live births				...	...	...	...	...	7.9	8.1	
Still births	...	...	...	...	...	...	Male	...	17	14	
							Female	...	20	9	
							Total	...	37	23	
Still birth rate per 1,000 live and still births				...	...	...	...	...	16.3	10.0	
Total live and still births	...	...	...	...	...	...	Male	...	1,136	1,188	
							Female	...	1,137	1,121	
							Total	...	2,273	2,309	
Infant deaths				...	...	...	...	...	31	40	
Infant mortality rate per 1,000 live births	...	...	...	...	...	...	Total	...	13.9	17.5	
							Legitimate	...	14.1	16.2	
							Illegitimate	...	11.3	32.3	
Neo-natal mortality rate per 1,000 live births (first four weeks)				...	...	...	...	...	7.2	11.8	
Early neo-natal mortality rate per 1,000 live births (first week)				...	...	...	...	...	6.7	9.2	
†Perinatal mortality rate				...	...	...	...	...	22.9	19.1	
Maternal deaths (including abortion)				...	...	...	...	...	1	1	
Maternal mortality rate per 1,000 live and still births				...	...	...	...	...	0.4	0.4	
Death rate per 1,000 population				...	...	...	...	...	11.0*	11.2*	
ENGLAND AND WALES											
Live birth rate				...	...	...	...	...	16.9	16.3	
Still birth rate				...	...	...	...	...	14.3	13.2	
Infant mortality rate				...	...	...	...	...	18.3	18.1	
Crude death rate				...	...	...	...	...	11.9	11.9	

\* The local crude birth and death rates have been multiplied by the area comparability factor so that they are comparable with the crude rate for England and Wales.

† The perinatal mortality rate is the number of still births and deaths under 1 week combined per 1,000 total live and still births.



## Infant Mortality Rate

HREFORDSHIRE				ENGLAND & WALES —
<i>Year</i>	<i>Live births</i>	<i>Infant deaths</i>	<i>Rate per 1,000 live births</i>	<i>Rate per 1,000 live births</i>
1960	2,231	35	15.7	21.9
1961	2,236	32	14.3	21.6
1962	2,279	37	16.2	21.6
1963	2,347	60	25.6	21.1
1964	2,402	55	22.9	19.9
1965	2,424	51	21.0	19.0
1966	2,416	51	21.1	19.0
1967	2,427	43	17.7	18.3
1968	2,286 <i>236</i>	31	13.9	18.3
1969	2,286	40	17.5	18.1

## Perinatal Mortality

The perinatal mortality rate of 19.1 compares with 22.9 in 1968 and the rate of 23.0 for England and Wales.

There were 23 still births compared with 37 last year. Of these 8.7% were illegitimate as compared with 13.5% in 1968.

21 babies died during the first week compared with the 1968 figure of 15. 9.5% were illegitimate as compared with 6.7% in 1968.

## Congenital Malformations

Number notified in respect of infants born during the year.

Central nervous system	...	...	...	13
Eye and ear ...	...	...	...	1
Alimentary system ...	...	...	...	8
Heart and great vessels	...	...	...	2
Respiratory system ...	...	...	...	—
Uro-genital system ...	...	...	...	6
Limbs ...	...	...	...	10
Other skeletal ...	...	...	...	—
Other systems ...	...	...	...	1
Other malformations	...	...	...	5
				—
			TOTAL ...	46
				—
Number of infants ...	...	...	...	30

## HEALTH CENTRES

Very little progress was made during the year following the proposal to establish a Health Centre at Ross-on-Wye. The Health Committee, the Hospital Management Committee, the Herefordshire Executive Council and the General Practitioners concerned were all satisfied that the Alton Street site was the best one available.

The Department of Health and Social Security agreed the need for the proposed health centre and are prepared to support an application from the Authority, to the Regional Hospital Board, for the acquisition of the site in Alton Street. The Department would hope to be able to recommend loan sanction for site purchase if required. The Ministry of Housing and Local Government also support the proposal and are taking no action to dispose of the land until a decision is made whether or not it is required for a health centre.

Unfortunately, the County Planning Committee felt that there were certain objections to the proposal and were unable to support it. The land was designated as an open space in the approved Ross town map in 1958 and they considered it should be kept as such.

In the circumstances, approaches were made to the Ross Urban District Council and the Ross and Whitechurch Rural District Council and several alternative sites were suggested and these were inspected. The Alton Street site remains the most suitable and discussions are continuing.

The general practitioners using the Health Centre in Hereford found that they were disturbed by the noise and vibration caused by passing traffic, especially in summer when, to obtain adequate ventilation, it was desirable to work with door or windows open. After various alternatives were considered, it was decided to enlarge the examination room so that it could be used as a consulting room, leaving the existing consulting room for use as an examination room. This will result in the general practitioners having more room and their consulting room will face away from the roadway. It is hoped that this work will be carried out early in 1970.

## CARE OF MOTHERS AND YOUNG CHILDREN

### Ante-Natal Mothercraft and Relaxation Classes

401 mothers attended relaxation/mothercraft classes. Periodic evening classes for prospective parents were held in Hereford.

Number of centres	...	...	...	...	...	...	...	8
Number of women who attended:								
(a) Institutional booked	...	...	...	...	...	...	...	339
(b) Domiciliary booked	...	...	...	...	...	...	...	62
								—
TOTAL	...	...	...	...	...	...	...	401
								—
Total number of attendances	...	...	...	...	...	...	...	2,323

## Child Welfare Centres

Number of centres	...	...	...	...	...	...	...	28
Number of children who attended:								
(a) Born in 1969	...	...	...	...	...	...	...	1,285
(b) Born in 1968	...	...	...	...	...	...	...	1,379
(c) Born in 1964-67	...	...	...	...	...	...	...	1,348
	TOTAL	...	...	...	...	...	...	4,012
Number of sessions held by :								
(a) Medical officers	...	...	...	...	...	...	...	386
(b) General practitioners	...	...	...	...	...	...	...	387
	TOTAL	...	...	...	...	...	...	773
Number of children referred elsewhere	...	...	...	...	...	...	...	123
Number of children on clinic "at risk" registers at end of year	...	...	...	...	...	...	...	306

Three centres were opened in Hereford. These were at the Church Hall, Tupsley, and Holy Trinity Church Hall, where sessions are held weekly; and at Holmer Church Hall, where two sessions are held each month. The Centres at Brimfield and the Rose & Crown, Tupsley, were closed. The Mobile Clinic now visits 12 centres. A conference for the voluntary workers was held and it was well attended.

## Child Guidance

Dr. D. T. Maclay, M.D., D.P.H., the Children's Psychiatrist, writes :

The number of children under 5 years of age referred, and seen as new cases in 1969, dropped to 7. Although the clinic is mainly concerned with problems of children in their school years, we continue to feel that a fruitful area of help to parents is lost to us if children with problems in infancy do not come to the clinic. In these early years the relationships existing at home are all important, but it seems that factors indicating emotional disturbance in infants either go unnoticed, or else the value of their psychological handling is not appreciated. We would encourage family doctors, health visitors, parents and others to bear in mind that consultations at the clinic in these early years may prevent or minimize later disturbances which will otherwise become more time consuming, and more costly to treat in the school years.

## "At Risk" Register

The names of children who have some factor in their family, pre-natal, birth or post-natal history which may put them at risk for some handicapping condition are put on the Register (providing they have survived the first week of life). There has in the last year been an improved flow of the necessary information about these factors from the Hospitals and from the Health Visitors.

As a result of three years experience, the list of factors necessitating placement on the Register was revised. This led to a fall in the number of names entered on the Register in 1969.

If the children are found to be developing normally by the age of 18 months or 2 years, their names are removed from the Register. The others are kept under observation, by means of periodic developmental assessments, until they are found to be normal or frankly handicapped. Most of these assessments are carried out in the children's own homes.

Where necessary the children receive medical or surgical treatment and supervision at various Hospitals and in some cases training at home, until such time as special educational provision is required. They are then administratively "ascertained" as having a certain type or mixed types of handicap, after which their names, too, are removed from the Register. These educational ascertainments are often delayed, except in the case of children who are blind or deaf or have language difficulties, until the age of four or five years or even later, so that their particular needs can be more accurately determined.

Therefore, the distribution of the different types of handicaps among those remaining on the Register is not yet revealed in the annual statistics.

					Year of Birth			
					1966	1967	1968	1969
Number placed on register	...	Male	...	Female	130	147	150	88
					104	115	131	114
TOTAL					234	262	281	202
Number of live births	...	...	...	...	2,416	2,427	2,236	2,286
Number on register per 100 live births	...	...	...	...	9.6	10.7	12.1	8.8
Number taken off register :-								
(a) Normal development	...	...	...	...	115	104	30	—
(b) Mild handicap	...	...	...	...	—	—	—	—
(c) Ascertained as handicapped	...	...	...	...	6	—	—	—
(d) Unsuitable for education at School	...	...	...	...	—	—	—	—
(e) Death	...	...	...	...	23	24	12	11
(f) Left County	...	...	...	...	33	30	23	13
(g) Appointments persistently failed	...	...	...	...	3	4	6	—
TOTAL					180	162	71	24
Number remaining under observation:-								
(1) With anticipated placement								
(a) Normal development	...	...	...	...	24	48	30	—
(b) Mild handicap	...	...	...	...	12	11	1	—
(c) Handicapped	...	...	...	...	8	14	6	—
(d) Unsuitable for education at School	...	...	...	...	3	2	1	—
(2) Placement undecided	...	...	...	...	7	25	172	178
TOTAL					54	100	210	178
Type of ascertained handicap								
Deaf	...	...	...	...	1	—	—	—
Partially Hearing	...	...	...	...	1	—	—	—
Speech Defect	...	...	...	...	4	—	—	—

## Welfare Foods

The arrangements for the distribution of welfare foods from 84 centres throughout the county have continued to work smoothly and are still carried out largely by voluntary effort. In only ten of the main centres are paid staff employed.

Total issues during 1969 :

National dried milk	...	...	...	...	19,204 tins
Cod liver oil	...	...	...	...	1,080 bottles
Vitamin A. and D. tablets	...	...	...	...	1,243 packets
Orange juice	...	...	...	...	28,591 bottles

## Day Nurseries

St. Martin's Day Nursery maintained by the Authority under Section 22 of the National Health Service Act, 1946, provides 35 places for children under the age of 5 years. Priority is given to the admission of children coming within the following groups :

- (a) Mother is unable to look after the child owing to illness.
- (b) Mother is unable to look after the child, e.g. mother unmarried.
- (c) On medical grounds—the child requires to be with other children.

The daily average attendance during the year was 28. 34 children were on the register at the end of the year and 9 children were on the priority waiting list.

A visit of inspection of the nursery was made during the year by the Public Health Nursing Officer of the Ministry of Health and one of H.M. Inspectors of the Department of Education and Science. Following this, the nursery was approved as a training establishment for N.N.E.B. students.

A site is available for the new nursery which is included in our capital building programme for 1969/70, and it is hoped that building will commence early in 1970.

## Mother and Baby Homes

The Authority accepted financial responsibility for 18 cases admitted to mother and baby homes outside the County.

## Private Nursing Homes

There are two private nursing homes in the county registered by the County Council under sections 187 to 194 of the Public Health Act, 1936, as amended by the Nursing Homes Act, 1963. These provide a total of 16 beds for chronic medical sick.

## Nurseries and Child-Minders

**Premises and persons registered under Section 1 of the Nurseries and Child Minders' Regulation Act, 1948; as amended :...**

	<i>Registered premises</i>			<i>Registered persons</i>
	<i>Factory</i>	<i>Other</i>	<i>Total</i>	
Number of premises or persons registered at end of year ... ..	1	25	26	34
Number of children permitted ... ..	20	538	558	136

Type of care (all day or sessional) provided by premises and persons included in above table.

	<i>Premises providing</i>		<i>Persons providing</i>	
	<i>all day care</i>	<i>sessional care</i>	<i>all day care</i>	<i>sessional care</i>
Number of premises or persons ... ..	3	23	26	8
Number of children permitted ... ..	50	508	35	101



## Dental Treatment

Details of the examination and treatment of expectant and nursing mothers and children under five are shown in the table below :

							<i>Expectant and Nursing Mothers</i>	<i>Children under five</i>
Examined	...	...	...	...	...	...	8	37
Requiring treatment	...	...	...	...	...	...	7	15
Offered treatment	...	...	...	...	...	...	7	15
Completed treatment	...	...	...	...	...	...	6	14
Treatment provided—								
Number of fillings	...	...	...	...	...	...	22	24
Teeth filled	...	...	...	...	...	...	19	21
Teeth extracted	...	...	...	...	...	...	6	12
General anaesthetics given	...	...	...	...	...	...	1	4
Scalings	...	...	...	...	...	...	—	—
Teeth otherwise conserved	...	...	...	...	...	...	—	—
Patients supplied with dentures—								
Full upper or lower	...	...	...	...	...	...	—	—
Partial upper or lower	...	...	...	...	...	...	2	—
Patients X-rayed	...	...	...	...	...	...	—	—

## Principal Dental Officer's Report

This section of the Council's Dental Service occupies an infinitesimal part of the dental officers' time. Although there has been a small improvement in the number of patients inspected and treated when compared with the previous year, the number responding to offers of treatment remains poor.

## Ophthalmia Neonatorum

No case of ophthalmia neonatorum was notified during the year.



## MIDWIFERY

### Notification of Intention to Practise

1.	Domiciliary	(a)	District nurses	...	...	...	...	...	...	51
		(b)	Independent	...	...	...	...	...	...	2
		(c)	Midwives living in adjacent counties and taking occasional cases in Herefordshire	...	...	...	...	...	...	—
		(d)	Practised in emergency	...	...	...	...	...	...	2
										<hr/>
										55
2.	Institutions	(e)	Hospitals	...	...	...	...	...	...	27
		(f)	Nursing homes	...	...	...	...	...	...	—
										<hr/>
										27
										<hr/>
										Grand Total ... .. 82

### Ante-Natal Care

Home visits by midwives	...	...	...	...	...	...	...	7,728
Surgery sessions	...	...	...	...	...	...	...	442

### Deliveries attended by Domiciliary Midwives

Doctor not booked	...	...	...	...	...	...	...	8
Doctor booked	...	...	...	...	...	...	...	510
								<hr/>
Total	...	...	...	...	...	...	...	518
"Flying Squad" Calls	...	...	...	...	...	...	...	4

### Post-Natal Care

Nursing visits—Home deliveries	...	...	...	...	...	...	...	9,499
Nursing visits—Hospital deliveries	...	...	...	...	...	...	...	11,783
Surgery sessions	...	...	...	...	...	...	...	118

The downward trend in home confinements continued in 1969, and only 23% of all confinements were delivered at home.

Ante-natal work continued with comparatively little reduction and puerperium care of hospital deliveries coming home early showed an increase. There is now an established preference for hospital confinement with discharge home at 48 hours by prior arrangement with the district midwife.

Outside Hereford City midwives are not dependent on midwifery for their case load but do duties extending to home nursing and, sometimes, health visiting. The position of staffing versus case load is constantly under review.

### Attachments to General Practices

There has been no expansion during the year and with the decrease in domiciliary midwifery this is hardly to be expected. Existing attachments continue as before.

### Co-operation with the Hospital Service

This continued without any particular change.

## Telecommunications

Two additional installations were made during the year and found to be invaluable.

## Pupil Midwives...

A total of three pupil midwives successfully completed midwifery training during the year.

## Training

Eight nurse students were given a sight of domiciliary midwifery as part of their obstetric experience. Ten midwives attended approved residential refresher courses.

## HEALTH VISITING

Cases visited by health visitors :

(a) Children born in 1969	...	...	...	...	...	2,186
(b) Children born in 1968	...	...	...	...	...	2,752
(c) Children born in 1964—65	...	...	...	...	...	6,831
<hr/>						
(d) TOTAL	...	...	...	...	...	11,769
(e) Persons aged 65 or over	...	...	...	...	...	886
(f) Number included at (e) visited at the special request of a G.P. or hospital	...	...	...	...	...	103
(g) Mentally disordered persons	...	...	...	...	...	17
(h) Number included at (g) visited at the special request of a G.P. or hospital	...	...	...	...	...	5
(i) Persons excluding maternity cases, discharged from hospitals (other than mental hospitals)	...	...	...	...	...	37
(j) Number included at (i) visited at the special request of a G.P. or hospital	...	...	...	...	...	15
(k) Number of tuberculous households visited	...	...	...	...	...	89
(l) Number of households visited on account of other infectious diseases	...	...	...	...	...	279
(m) Other cases	...	...	...	...	...	1,561
(n) Total number of cases	...	...	...	...	...	14,270

There was little change in the pattern of care undertaken by health visitors in the field of family welfare. Home visiting was well maintained in spite of a rather unusual amount of sickness among staff. Recruitment was good.

## **Attachments to General Practices**

There was no fresh development in attachment to general practice but existing schemes were maintained in spite of staff changes. Informally there is a fair amount of contact between doctors and health visitors. One particular group holds regular discussions sessions on definite themes to which are invited nurses and health visitors in contact with the practice as well as interested medical and social workers in the area.

## **Co-operation with the Hospital Service**

Hospital liaison continued as before by informal arrangement apart from Chest and Diabetic Clinics to which health visitors are attached. In the paediatric field contact is much increased mainly through the medical social workers' department making use of the health visitors' knowledge of home conditions. In the geriatric field there is still rather less contact than might be expected.

## **Training**

Three health visitors attended approved residential post graduate courses in Southampton.

Regular staff meetings were held and the biennial staff conference took place in September. Visitors attended from neighbouring counties as well as from other departments and hospitals.

Conferences were attended by invitation in Gloucestershire and Worcestershire as well as the annual joint conference with social workers in Hereford.

Thirty-one nurse students from the Hereford Nurse Training School each spent a day with a health visitor.

## **HOME NURSING**

Number of persons nursed during the year ...	...	...	...	...	3,510
Number of visits ...	...	...	...	...	72,144
Number of persons aged under 5 at first visit in 1969	...	...	...	...	218
Number of persons aged 65 or over at first visit in 1969	...	...	...	...	1,873
Surgery sessions ...	...	...	...	...	378

During the year there was an increase in home nursing largely on account of more home visits to patients after discharge from hospital. Apart from this there was no marked variation in the pattern of home nursing beyond a tendency towards fewer patients in the older age group and more in the group under five years.

The staffing situation for home nursing remained satisfactory, this being the best field for recruitment. There seems to be a good supply of mainly local and married S.R.N.'s of good professional calibre who appear attracted by hours of duty and conditions of service with the local authority.

## **Attachment to General Practices**

Surgery nursing sessions increased considerably but there was no further development in the number of nurses attached to medical practice. In such a rural area the ratio of nurses per group practice is so comparatively low that doctors seem content with the old geographical arrangement still providing close contact with a small number of nursing staff.

## **Co-operation with the Hospital Service**

The nursing of patients discharged from hospital for home nursing care continued as before with some tendency towards earlier discharge of post operative patients and referral of more out patients for surgical nursing therapy at home. So far none of this is on a large scale and it is possible that there is still a surprising number of patients travelling quite long distances for daily out patient therapy.

## **Training**

One nurse was referred for district training in Worcester and, although there is still a good number of nurses employed who are already district trained, the future will produce a need for linking practical training within the county with theoretical day instruction elsewhere but within reasonable reach even for married nurses.

This will require improved recruitment of nursing administrative staff to organise such schemes.

Thirty student nurses from the Hereford Nurse Training School spent a day with a district nurse.

Six nurses attended approved residential refresher courses in Cardiff, Birmingham and Liverpool.

## VACCINATION AND IMMUNISATION

### Diphtheria Immunisation

1,388 children under the age of 16 years were primarily immunised, the majority being immunised with triple antigen. 3,196 children received reinforcing doses either diphtheria/tetanus when they had received triple antigen in infancy or, if not, diphtheria antigen. No case of diphtheria was reported during the year.

### Measles Vaccination

In addition to routine vaccination against measles, which is offered to all children in the second year of life, parents of all other children who had neither been immunised nor had measles were encouraged to have their children vaccinated. 939 children were vaccinated and 188 cases of measles were notified during the year.

### Poliomyelitis Vaccination

Oral vaccine (Sabin) is mainly used for poliomyelitis vaccination. A primary course of vaccine is now given at the same time as Diphtheria/Tetanus/Pertussis vaccine. The course consists of two doses at six weekly intervals followed by a third in 6 months time, and is usually commenced at 5 months of age. During the year 1,496 children under the age of sixteen received the primary course, and 1,866 received reinforcing doses. Because of a suspected outbreak of polio in Tarragona, Spain, all travellers to the area were advised to be vaccinated or to have a reinforcing dose. This resulted in 253 adults receiving either primary courses or re-inforcing doses.

### Smallpox Vaccination

The following table shows the number of persons under the age of 16 vaccinated, or re-vaccinated :

<i>Children aged</i>			<i>Vaccinated</i>	<i>Re-vaccinated</i>
Under 1	...	...	175	—
Aged 1	...	...	693	—
2—4	...	...	174	15
5—15	...	...	113	277
Total	...	...	1,155	292
1968	...	...	1,341	295

No case of smallpox was reported during the year.

### Tetanus Immunisation

1,427 children were immunised against tetanus mainly by triple antigen. A further 3,104 received reinforcing doses, mainly in the form of diphtheria/tetanus.

### Whooping Cough Immunisation

1,164 children were immunised against whooping cough mainly by triple antigen. 540 were given reinforcing doses.

# VACCINATION OF PERSONS UNDER AGE 16

## Completed Primary Courses

Type of Vaccine	YEAR OF BIRTH					Others under age 16	Total
	1969	1968	1967	1966	1962-65		
1. Quadruple ... ..	—	—	—	—	—	—	—
2. Triple ... ..	207	840	48	30	21	2	1,148
3. Diphtheria/Whooping cough ... ..	4	12	—	—	—	—	16
4. Diphtheria/Tetanus ...	2	6	1	4	153	56	222
5. Diphtheria ... ..	—	—	—	—	1	1	2
6. Whooping cough ...	—	—	—	—	—	—	—
7. Tetanus ... ..	—	1	—	3	3	50	57
8. Salk ... ..	—	1	1	—	—	—	2
9. Sabin ... ..	169	1,072	99	48	65	41	1,494
10. Measles ... ..	9	231	240	130	288	41	939
11. Lines 1+2+3+4+5 (Diphtheria) ... ..	213	858	49	34	175	59	1,388
12. Lines 1+2+3+6 (Whooping Cough) ...	211	852	48	30	21	2	1,164
13. Lines 1+2+4+7 (Tetanus) ... ..	209	847	49	37	177	108	1,427
14. Lines 1+8+9 (Poliomyelitis) ...	169	1,073	100	48	65	41	1,496

## Reinforcing Doses

Type of Vaccine	YEAR OF BIRTH					Others under age 16	Total
	1969	1968	1967	1966	1962-65		
1. Quadruple ... ..	—	—	—	—	—	—	—
2. Triple ... ..	1	25	163	22	276	49	536
3. Diphtheria/Whooping cough ... ..	—	—	1	—	1	2	4
4. Diphtheria/Tetanus ...	—	5	9	9	1,639	759	2,421
5. Diphtheria ... ..	—	—	—	—	48	187	235
6. Whooping cough ...	—	—	—	—	—	—	—
7. Tetanus ... ..	—	3	3	3	23	115	147
8. Salk ... ..	—	—	1	—	3	—	4
9. Sabin ... ..	—	21	148	23	1,511	158	1,861
10. Measles ... ..	—	—	—	—	—	—	—
11. Lines 1+2+3+4+5 (Diphtheria) ... ..	1	30	173	31	1,964	997	3,196
12. Lines 1+2+3+6 (Whooping Cough) ...	1	25	164	22	277	51	540
13. Lines 1+2+4+7 (Tetanus) ... ..	1	33	175	34	1,938	923	3,104
14. Lines 1+8+9 (Poliomyelitis) ...	—	21	149	23	1,514	158	1,865



## AMBULANCE SERVICE

### Personnel

The establishment of personnel in the County Ambulance Service remains unchanged and is as follows:—

				County Ambulance Officer	
				Operations Officer	
				Senior Drivers	Driver/Attendants
Hereford	...	...	...	4	24
Leominster	...	...	...	1	5
Ross-on-Wye	...	...	...	1	5

There is also a caretaker, cleaner, senior mechanic, two mechanics and one semi-skilled workshop assistant at the Headquarters Station.

Volunteers continue to provide a service at Ledbury and Kington.

In February one driver was discharged as medically unfit.

### Vehicles

During the year two ambulances and one dual purpose vehicle were replaced. A new type of vehicle was purchased which was designed to carry two wheel chair patients and sitting cases, it could also be adapted to carry a stretcher case. It was equipped with hydraulic hoist to assist the loading of patients in wheel chairs and those unable to climb the steps.

In accordance with the recommendations of the "Millar Report" the three replacement vehicles were painted white, and this policy will continue.

### Training

Four ambulancemen attended two week courses and two recruits attended six week courses at the Birmingham Ambulance Training School.

Talks and lectures have been arranged and carried out by personnel of the County Ambulance Service on various aspects of First Aid and, principally, with the subject of oral resuscitation and cardiac massage.

### Out-patient Transport

It has been found that the transport of patients to day clinics at St. Mary's Hospital and the County Hospital are providing a problem, as the times of admission and discharge coincide with peak periods in the work of the Ambulance Service. However, at present the service is able to meet the demands made upon it.

### Statistics

The following table shows the number of patients carried and the annual mileage over the past years:

<i>Year</i>	<i>Full-time drivers</i>	<i>Annual mileage</i>	<i>Patients carried</i>
1960	26	294,864	30,260
1961	29	306,003	33,100
1962	29	313,446	34,382
1963	33	336,651	36,632
1964	38	351,862	42,074
1965	39	355,715	42,386
1966	40	359,944	44,877
1967	40	365,406	46,081
1968	40	390,976	49,469
1969	40	376,203	51,542



The following table shows the number of patients carried, mileage travelled, and the journeys made by ambulances from the various stations during the year.

<i>Station</i>	<i>PATIENTS CARRIED</i>			<i>Mileage</i>	<i>Journeys</i>
	<i>Stretcher</i>	<i>Sitting</i>	<i>Total</i>		
Hereford ... ..	6,027	34,144	40,171	223,699	4,997
Kington ... ..	186	335	521	8,493	219
Ladbury ... ..	265	325	590	9,081	354
Lcominster ... ..	1,053	4,754	5,807	79,584	998
Ross-on-Wye ... ..	1,479	2,974	4,453	55,346	1,260
TOTAL ... ..	9,010	42,532	51,542	376,203	7,828

In addition 38 patients were conveyed mainly by rail, saving approximately 9,140 road miles.

### Hospital Car Service

From April 1st the County Ambulance Officer, under my direction, accepted full administrative and executive control of the Hospital Car Service.

It will be noted that although the joint mileage has increased, it has been found possible to make more use of the Hospital Car Service. Although there has been an increase in the number of patients carried, the apparent dramatic increase is due to a revised form of recording, commenced in July. The records are now kept in an identical manner to those of the Ambulance Service and are in accordance with the requirements of the Department of Health and Social Security.

The following table shows the mileage covered, journeys made and patients carried.

	<i>Mileage</i>	<i>Journeys</i>	<i>Patients carried</i>
January ... ..	19,620	447	942
February ... ..	15,796	358	834
March ... ..	17,805	438	841
April ... ..	17,422	409	857
May ... ..	21,269	453	1,020
June ... ..	20,227	434	980
July ... ..	23,139	595	1,880
August ... ..	19,963	430	1,682
September ... ..	19,500	521	1,715
October ... ..	21,275	500	1,831
November ... ..	18,018	364	1,530
December ... ..	17,866	350	1,473
TOTAL ... ..	231,900	5,299	15,585
1968 ... ..	199,151	4,896	9,678

## PREVENTION OF ILLNESS, CARE AND AFTER CARE

### Tuberculosis

	<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>Total</i>
Number of notifications:				
Pulmonary           ...       ...       ...	9	4	1	14
Non-Pulmonary       ...       ...       ...	1	2	1	4
Number of deaths:				
Tuberculosis of respiratory system       ...	1	1	—	2
Other Tuberculosis, including late effects   ...	1	2	—	3
Death rate per 1,000 population:				
COUNTY				
Tuberculosis of respiratory system       ...       ...	...	...	0.014	
Other                   ...       ...       ...	...	...	0.021	
ENGLAND AND WALES				
Tuberculosis of respiratory system       ...       ...	...	...	0.022	
Other                   ...       ...       ...	...	...	0.015	

The steady fall in the number of notifications of all forms of tuberculosis reported last year continued. This is the first year that the total number of new notifications has fallen below twenty. The proportion of non-pulmonary notifications remained at about the same level as in the past three years. Six of the cases notified were under 39 years. Two cases were discovered as a result of routine M.M.R. examinations.

A smaller number of child contacts were skin-tested. The two children who produced positive reactions were from the same family and had been in contact with an uncle suffering from the disease. One of the children reacted very strongly to the skin-test and was found to be suffering from primary tuberculosis. Both children are being kept under close supervision by the Chest Clinic.

Number skin tested	...	...	...	...	57
Number found positive	...	...	...	...	2
Number found negative	...	...	...	...	55
Number vaccinated	...	...	...	...	52
Number of infants vaccinated at birth		...	...	...	4

### Occupational Therapy

During the year, 107 patients were visited 40 of whom were fresh cases. Two patients were referred to Passmore Edwards Medical Rehabilitation Centre, Clacton-on-Sea, Essex. Ten patients returned to full-time employment.

Outwork was supplied by The Haigh Engineering Company Limited, Ross-on-Wye, and took the form of electrical assembly.

## Convalescence

Patients are recommended for short periods of recuperative convalescence under Section 28 of the National Health Service Act, 1964, by General Medical Practitioners, House Surgeons of hospitals and Medical Officers of Health. Only those persons who do not require medical or nursing care, but merely rest, change of air and good food, are accepted under the scheme. Patients are expected to contribute towards the total cost of the service in accordance with their means.

Forty-three persons proceeded to convalescent homes for periods ranging from two to four weeks—twenty-nine women and fourteen men. This number is practically double that of 1968 due mainly to the increasing number of patients referred through the Council's scheme for convalescence by the Medical Social Workers of the local hospitals.

## Adaptations of Homes to install Artificial Kidney Machines

One further application was dealt with within this scheme during the year. The patient was a young man who was planning to marry. Representations were made to the District Council who were eventually able to allocate the tenancy of a council house and agreed to make adaptations to it for the installation of an artificial kidney machine.

The patient married, is now employed and able to lead an almost normal life. The whole cost of making adaptations in this case was met by the County Council.

## Medical Arrangements for Long-stay Immigrants

The visiting of newly arrived long stay immigrants by health visitors continued during the year. The purpose of these visits is to help overcome the special problems which could arise with immigrants who often do not know of the scope and arrangements of the National Health Service.

Health Visitors call on immigrants, other than those who come to work at local hospitals, and urge them to register with a General Medical Practitioner as soon as possible.

Notifications were received from Port Health Authorities of the arrival of the following immigrants:—

From Anguilla	...	...	...	1
Barbados	...	...	...	2
Brunei	...	...	...	1
Ghana	...	...	...	1
Grenada	...	...	...	2
Hong Kong	...	...	...	8
Mauritius	...	...	...	1
Morocco	...	...	...	1
Spain	...	...	...	12
Trinidad	...	...	...	2
Uganda	...	...	...	1
				—
			TOTAL ...	32
				—

Of the total number listed above, six came to join the nursing staff at the Hereford hospitals and seven did not arrive at the destination addresses given by the Port Health Authorities.

No cases of tuberculosis occurred in immigrants.

## Cervical Cytology

A greater participation in the taking of cervical smears by general medical practitioners and by the family planning clinics during the year led to a considerable increase in the total number of cervical smears being submitted for examination.

A further offer was made to Companies who employ numbers of women workers to send a medical team to their factory to take smear tests during working hours. A number of special sessions were arranged.

Several talks were given by medical officers to various women's organisations in an endeavour to persuade more women to register for the test.

The following table shows the number of women tested during the year :—

By general medical practitioners	...	...	1,069
At : family planning association clinics	...	...	994
County Hospital (out-patients)	...	...	852
County Hospital (in-patients)	...	...	65
Other hospitals	...	...	26
Local health authority clinics	...	...	984
TOTAL			3,900

Of the 984 women who attended the local health authority clinics, 750 were new patients and 234 attended for repeat tests. Out of this total, one was found to have a positive smear and nine produced reports indicating 'suspicion of malignancy'.

The results were as follows :—

	<i>First Attendance</i>	<i>Re-Tests</i>
Number with negative smears	743	231
Number with suspicious smearing requiring investigation	6	3
Number with positive smears	1	—
Number called for interview by the medical officer only	—	—

The following conditions were noted :—

Trichomonas infection	...	...	...	...	32
Monilia infection	...	...	...	...	2
Cervical polypi	...	...	...	...	13
Erosion of cervix	...	...	...	...	7
Leptothrix infection	...	...	...	...	1
Prolapse	...	...	...	...	1
Cyst	...	...	...	...	2

Every patient and her family doctor is informed of the test result. Patients whose cervical smears are reported to be positive are referred to the Consultant Gynaecologist for further investigation. In cases where the test is reported to be suspicious, the patient is kept under periodic review.

## Chiropody

This service is available to the elderly, the physically handicapped and expectant mothers. Sessional work is undertaken for the Herefordshire Hospital Management Committee and for the County Welfare Committee at Old Peoples Homes.

During the year 1,320 patients made 7,470 attendances at clinics held in the market towns and villages throughout the County. In addition, 540 visits were made to patients requiring domiciliary treatment. In August an additional full-time chiropodist was appointed but one part-time chiropodist resigned.

## Medical Loan

There was a continuous demand from the district nurses for the loan of equipment to assist with the nursing care of patients in their own homes. The aids most frequently required are hospital type beds and mattresses, lifting poles, hydraulic patient hoists and walking aids which are generally required to assist patients recovering from strokes.

Small items of medical loan equipment continued to be held by district nurses—each nurse is supplied with essential items of equipment for emergency use—and by the British Red Cross Society at depots situated in towns and villages throughout the county.



## Health Education

Each year when I prepare this section of my report, I find myself trying to answer the question, How healthy are we? I suppose it is true that malnutrition and poverty have been markedly reduced and that the old enemies such as tuberculosis, diphtheria and poliomyelitis have been brought under control. At the same time housing and water supplies have been improved. However, we are still left with many health hazards such as heart disease, bronchitis, and accidents. With the introduction of the National Health Service it had been hoped that much more time, money and manpower would have been allocated to the prevention of illness. Unfortunately, doctors and members of the other allied professions working in the health service have had little time to spare for preventive work.

In a small community such as Herefordshire, local statistics can be subject to mis-interpretation, but clearly there are some facts from which we cannot escape. Deaths from lung cancer have been rising steadily over the years as the following figures show :—

<i>Year</i>	<i>Males</i>	<i>Females</i>	<i>Total Deaths</i>
1950	18	7	25
1955	26	8	34
1960	29	4	33
1965	54	10	64
1967	53	14	67
1969	58	10	68

Of course, this is but one example of a disturbing trend and yet in this case we do know that if only we could persuade people not to smoke we could cut this death rate and suffering drastically. There can be very few adults who are not aware of the association between cigarette smoking and lung cancer, but perhaps fewer realize that it is also a contributory factor in bronchitis and is associated with much of the heart disease present today. The campaign against smoking continues but until such time as we can afford to use the same skilled psychology in our anti-smoking propaganda as the manufacturers use in promoting their tobacco, I think that we will not be very successful in persuading young people not to smoke cigarettes. Whilst we are endeavouring to persuade the younger generation that smoking is no longer an acceptable social habit and that there is a considerable risk to good health involved we must be able to rely upon adults, teachers, doctors and nurses to adopt a much more realistic attitude and example towards cigarette smoking. The obvious answer to a lot of our current health problems is prevention rather than cure but it appears to me that at any rate for some years yet, treatment is likely to absorb more of our skilled resources than preventive medicine and research.

However, health education is an activity which is and has been making increasing demands upon our resources and I anticipate that we shall find ourselves devoting more professional time to it. During the year the Health Education Officer and his Assistant attended 133 sessions in schools and with voluntary organisations. Health Visitors attended 240 sessions in schools and 398 other sessions.

An appeal campaign—"Accidental Poisoning in the Home"—was held, which resulted in no less than 175 lbs. of surplus medicines, mainly in tablet form, being handed over for destruction. I think that even more important than this very satisfactory achievement was the fact that attention was focused on the need for much greater care on the part of parents and adults in the storage and use of medicines and household detergents.

It is very satisfactory to report that the response from women for cervical cytology has been good. It is estimated that at least 50% of all the women eligible for this test have been examined and, whilst I am not completely satisfied with this achievement, I do feel that we have made good progress.

## DOMESTIC HELP

Number of cases where domestic help was provided during the year :

Aged 65 or over on first visit in 1969	...	...	...	...	734
Aged under 65 on first visit in 1969.					
(a) Chronic sick and tuberculous	...	...	...	...	34
(b) Mentally disordered	...	...	...	...	9
(c) Maternity	...	...	...	...	16
(d) Others	...	...	...	...	70
			TOTAL	...	863

This represents an increase of 35 cases over the previous year, with a continued rise in the number of persons over 65 receiving help. Maternity cases show a 50% drop in numbers.

The full standard charge was raised to 6s. 9d. per hour. Persons unable to meet this charge are assessed and pay according to their financial circumstances. Cases in receipt of supplementary pensions or allowances receive help free of charge.

The equivalent of 100 full-time home helps were employed. The National Joint Council's rates of pay and conditions are in force.

One home help completed 20 years service and is the longest serving member—quite a noteworthy record.

Home helps were offered vaccination against influenza and many availed themselves of the opportunity.

### Night 'Sitters-in' Scheme

This service was used on only two occasions during the year, and two night-sitters were available for duties if required.

## MENTAL HEALTH

### Staff

The Service was under-staffed during the second half of the year. One officer retired and another proceeded on a two-year social work course. Two separate advertisements failed to produce suitable applicants.

## MENTAL SUBNORMALITY

### Junior Training Centres

Barrs Court Centre provides general training for 36 children. The policy of admitting children at a younger age has continued successfully. An educational holiday to London for the older children proved to be very successful. The swimming pool has been used both by outside groups of the mentally handicapped, as well as by the children at the Centre. The Youth Social Services have provided voluntary help with supervision in the pool. The Parent/Teacher Association continues its close involvement with the work and life of the Centre.

The Temporary Centre at Leominster continues on five mornings weekly. During the year work started on the new Leominster Centre which will eventually cater for 30 children, and it is anticipated that this will be available during 1970.

Last year I was able to report the Government's intention to transfer responsibility for the education of mentally handicapped children to the Department of Education & Science. No further announcement has been made but it is firmly anticipated that the change will take place during 1970. In the meantime, informal discussions have taken place with the Director of Education.



## **Adult Training Centre**

During the year the Centre has had an almost full register. Most of the trainees are occupied in tasks at a sub-employment level but there have been some placements in outside employment. A helpful measure of interest has been shown by both local employers and the general public in the work undertaken. This consists of a small amount of sub-contract work with a considerable variety of diversionary occupations. During the year further machinery has been acquired and improvements made to storage facilities. The Supervisor was seconded to a Management Training Course at South Birmingham Technical College.

## **Ivy House**

The house has remained full throughout the year with two new admissions and one resident discharged. Consideration was given to the placement of certain suitable residents in alternative accommodation. At the same time, approval was given to the provision of additional beds following re-organisation of the Warden's accommodation. Most of the residents continue in full-time employment, with the remainder attending the Adult Training Centre. Two residents were accepted for establishment in the industrial grade in the Ministry of Defence. The annual summer holiday was again held at Blackpool and was enjoyed by all concerned, a letter later being received from the Hotel Proprietors expressing satisfaction at the excellent conduct of the party. The classes in elementary reading and writing, and the usual social activities, including the monthly club, have continued as previously.

## **Special Care Unit**

The Unit has continued to have particular regard for the needs of the more severely handicapped younger child, so that training started at an earlier age might produce sufficient progress to enable them to attend the Junior Training Centre in due course. Transport, either by mini-bus or contract, is provided for all children from any part of the county, with voluntary escort by members of the British Red Cross. The provision of a purpose-built Special Care Unit remains a future target in the Council's Capital Works programme.

## **Community Care**

There has been an increase in the number of subnormal and severely subnormal persons known to the Department, stemming principally from the increasing number of young children referred from the "At Risk" register. This trend is closely linked with specialist clinical facilities and the provision of hospital observation and assessment.

Home and group teaching shows a slight decline in the numbers catered for but this trend is to be expected in view of the additional facilities available at the various training establishments. The arrangements for the day care of certain patients at Dean Hill Hospital, Ross-on-Wye, has continued.

Various local voluntary organisations, particularly the Society for Mentally Handicapped Children, have continued to show an encouraging interest in the welfare of the mentally handicapped and, as previously, have translated this interest into the provision of monies for various purposes, including gifts for hospital patients.

## **MENTAL ILLNESS**

### **Community Care**

The number of referrals requiring community care continues to steadily increase. This seems to reflect not only the readiness of various referring agencies to use the facilities of the Service, but also the willingness of patients and their families to seek help. This work continues in close co-operation with out-patient clinics and hospital staff. The arrangement, with St. Mary's Hospital, previously referred to for the provision of social work services was continued during the year.

The monthly meetings of the Psychiatric Social Club attracted the usual number of patients and their relatives, who appear to acquire some benefit from the contacts they are able to make. Financial help has again been available from a local organisation.

The number of patients receiving care from the mental health staff during 1969 is as follows:—

Mental Illness	...	...	...	...	140
Subnormal/severely subnormal	...	...	...	...	340
Psychopaths	...	...	...	...	2
Elderly Mentally Infirm	...	...	...	...	18

### BLIND AND PARTIALLY-SIGHTED PERSONS

The County Welfare Officer maintains the registers of the blind and partially-sighted persons and is responsible for the provision of welfare services. Seven social welfare officers carry out regular domiciliary visiting for the purposes of teaching Braille, Moon and other embossed literature, together with handicrafts wherever possible. These officers are also responsible for the organisation of social activities, such as clubs and outings, in co-operation with the Herefordshire County Association for the Blind.

Forty-three persons were certified as blind during 1969 and at the 31st December, the total on the register was 333.

The causes of blindness are shown to be :

Cataract, 38; Cataract and other causes, 20; Glaucoma, 36; Glaucoma and other causes, 7; Masular degeneration, 59; Trauma, 13; Congenital, hereditary and developmental defects, 11; Myopic error, 24; Diabetic retinopathy, 15; Optic atrophy, 10; Retinitis pigmentosa, 16; Diabetes, 2; Detached retina 6; Iridocyclitis 5; Cortical blindness 4; Other causes 61; Unknown 6.

The following table shows the age of onset of blindness.

	<i>New cases 1969</i>	<i>Cases on Register 31/12/69</i>
Under 1 ...	2	31
1—4 ...	—	2
5—10 ...	—	1
11—15 ...	—	3
16—20 ...	—	4
21—29 ...	—	10
30—39 ...	—	15
40—49 ...	3	21
50—59 ...	1	23
60—64 ...	1	29
65 and over ...	36	182
Unknown ...	—	12
Total ...	43	333

The causes of blindness of the cases certified in 1969 were:

Cataract	...	...	...	...	6
Cataract and other causes	...	...	...	...	2
Glaucoma	...	...	...	...	8
Glaucoma and other causes	...	...	...	...	1
Macular degeneration	...	...	...	...	7
Optic atrophy	...	...	...	...	5
Diabetic and Hypertensive retinopathy	...	...	...	...	4
High Myopia	...	...	...	...	4
Other causes	...	...	...	...	6

Of the cases involving cataract all were over 70 years of age, as were 8 of those involving glaucoma.

Eighty-eight persons were registered as partially-sighted at the end of 1969, of whom 51 were regarded as prospective blind, 14 as industrially handicapped, and 11 requiring observation. The remainder were children.

Four cases were admitted to the blind register because of deterioration of vision.

The causes of defective vision are as follows :

Cataract, 13; Cataract and other causes 7; Myopia error 12; Congenital, hereditary, and developmental defects, 6; Retinitis pigmentosa, 2; Macular degeneration, 11; Nystagmus, 5; Optic atrophy, 5; Glaucoma, 6; Other causes, 21.

During the year six new cases were certified in the following age groups :

50—64 years	...	...	...	...	1
65 and over	...	...	...	...	5

The causes of defective vision were as follows :

Cataract, 1; Glaucoma, 1; Macular degeneration, 1; Other causes, 3.

Treatment of cases is carried out for the most part at the Victoria Eye Hospital, Hereford, but a few patients attend hospitals at Worcester and Gloucester. The co-operation between the Welfare Department and the hospital is very close and every endeavour is made to persuade patients to avail themselves of the treatment recommended.

### Follow-up of Registered Blind Persons

(i) Number of cases registered during the year in respect of which Section F. of Forms B.D.8 recommends :	Cause of Disability		
	Cataract	Glaucoma	Others
(a) No treatment	5	5	23
(b) Treatment (medical, surgical or optical)	3	4	3
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	1	2	3

## FOOD AND DRUGS ACT, 1955

### Milk (Special Designations) Regulations 1963, as amended

The County Council is responsible, as Food and Drugs Authority, for the licensing of premises and shops where milk is sold. The number of licences issued at the end of the year was as follows:—

Dealer's licence to use the special designation 'Untreated' ... ..	2
Dealer's (Pre-packed milk) licence to sell:	
'Untreated' milk ... ..	1
'Pasteurised' ... ..	60
'Sterilized' ... ..	4
'Ultra Heat Treated' ... ..	4
'Untreated and Pasteurised' ... ..	2
'Pasteurised and Sterilized' ... ..	17
'Untreated, Pasteurised and Sterilized' ... ..	2
	—
TOTAL Dealer's (Pre-packed milk) licences: ... ..	90

**Note:** This table does not include producers/retailers which are licensed by the Ministry of Agriculture, Fisheries and Food or dealers in Hereford City which is a separate Food and Drugs Authority.

Premises are visited to ensure that the conditions under which the milk is stored are maintained in a satisfactory manner.

### County Analyst's Report

The number of samples examined for the County Council and for the District Authorities within the County during 1969 was 906, made up as follows:—

Food and drugs ... ..	418
Fertilisers and feeding stuffs ... ..	48
Drinking waters ... ..	5
Sewages and effluents ... ..	91
Antibiotics in milk ... ..	311
Trade Description Act ... ..	4
Consumer Protection Act ... ..	3
Miscellaneous ... ..	26
	—
TOTAL ... ..	906
	—

The 418 samples submitted by County Inspectors were made up of 333 milks, other foodstuffs, 85. Of these, 31 samples were found to be unsatisfactory, equivalent to 7.4%. The variety of food samples tested is shown in the table below :

<i>Nature of Samples</i>	<i>No. Examined</i>	<i>No. Irregular</i>
Cheese ... ..	1	—
Chocolate Confectionery ... ..	1	—
Cream (double) ... ..	1	—
(single) ... ..	6	—
Fish products—fresh ... ..	1	—
—frozen ... ..	1	—
Fruit, fresh ... ..	9	—
Fruit, dried ... ..	2	—
Meat product canned ... ..		
Curried Chicken ... ..	1	—
Meat products open pack ... ..		
Cornish Pasties ... ..	2	2
Minced Steak ... ..	1	—
Milk ... ..	325	26
Milk, Appeal-to-Cow ... ..	8	—
Milk, dried-full cream ... ..	1	—
Milk pudding canned ... ..	1	—
Preserves ... ..	26	—
Sausages, Pork ... ..	11	2
Beef ... ..	9	—
Shandy ... ..	3	—
Soft Drinks ... ..	3	—
Spirits ... ..	2	1
Sugar confectionery ... ..	1	—
Vegetables, dried ... ..	1	—
Yoghourt ... ..	1	—
TOTAL ... ..	418	31



## **Milk**

333 samples were examined for compositional quality during the year, of which 23 were Channel Islands milk samples. The average composition of all milk was—fat 3.78%, solids-not-fat 8.67%.

26 samples of milk or 7.8% were found to be unsatisfactory, 12 were deficient in fat, 13 contained added water and 1 was deficient in fat and contained added water.

The Sale of Milk Regulations, 1939, prescribe presumptive minimum limits of fat 3.0%, solids-not-fat 8.5% for milk. A solids-not-fat content of less than 8.5% may be due to the presence of extraneous water, or to natural causes. The Freezing Point Test provides a means of distinguishing between a watered milk and a milk of naturally poor quality. Where adulteration is suspected, it is customary to take repeat samples at the farm, under strict supervision, to ensure that there is no possibility of water gaining access to the milk. Such samples are known as "Appeal-to-Cow" samples and, as they represent milk as it came from the cow, are essentially genuine, even though they may be of poor quality.

A deficiency in fat may be due either to 'skimming' or again to natural causes. In this case the Freezing Point Test is of no assistance, and it is essential to use the Appeal-to-Cow sample procedure to decide whether adulteration has taken place.

30 samples had solids-not-fat contents below the presumptive minimum limit of 8.5%, but were shown by the Freezing Point Test to be free from added water. They were, therefore, returned as genuine milks of poor quality.

## **Antibiotics in Milk**

Antibiotics (mainly penicillin preparations) are commonly used to treat mastitis in milch cows, and milk from cows so treated will be contaminated for two to three days after treatment. Such milk must be withheld from sale for obvious reasons. During the year a total of 311 samples were examined. Of these 6 samples gave positive reaction for penicillin but 5 samples contained less than the minimum practical reporting level.

## **Consumer Protection Act**

Samples of children's toys are tested for compliance with the Safety of Children's Toys Regulations, 1967. These prescribe limits for toxic metals such as lead, arsenic, etc., in the paint coatings. All the samples examined were satisfactory.

## **Trade Description Act**

Samples tested include solid and liquid fuels, motor fuel and clothing.

## **Fertilisers and Feeding Stuffs Act, 1926**

48 samples were examined, 14 Fertilisers and 34 Feeding Stuffs.

The 14 fertiliser samples comprised 9 compound, 3 basic slag, 1 shoddy and 1 leather waste. All were satisfactory.

The 34 feeding stuffs were made up of 18 cattle feeds, 9 pig feeds and 7 poultry feeds. 12 samples were returned as unsatisfactory. 2 samples were deficient in protein. 6 samples had excess of oil, of protein and of oil and protein, but these excesses were not to the prejudice of the purchaser. The declaration of copper content in 3 pig feed samples was incorrect. The 12th unsatisfactory sample had become mouldy, because of faulty storage conditions.

## **Sewages and effluents**

91 samples were tested. Guidance is given on the functioning of sewage disposal works and effluents are examined for compliance with River Authority standards.



## **Barrs Court Junior Training Centre**

On the 26th November, 1968, it was announced that "the Government have decided to accept in principle that responsibility for the education of mentally handicapped children in England and Wales should be transferred from the Health to the Education Service".

This brief formal statement was, for many people, the culmination of a whole era of thinking and of progress and development in the provision of services for mentally handicapped children.

It is not many years since the mentally handicapped were thought of as being different in kind from the normal. Sufficiently different for those methods of training and education appropriate to the normal child to be regarded as irrelevant. The mentally handicapped child was likely to be denied not only the benefits of formal teaching but, equally importantly, of organised social contacts with other children and all too often they lived out their lives in relative isolation from other children.

From a pre-occupation with institutional care, attitudes shifted to consideration of the potential benefits of habit and social training and then to education as a regime equally appropriate for the handicapped as for the normal. Investigation into learning patterns for the mentally handicapped have stemmed mainly from educationists and clinical psychologists whose findings have pointed the way towards a teaching programme suited to the needs and learning potential of the mentally handicapped.

Twenty years ago local health authorities were made responsible for the provision of training facilities and plans were drawn-up for a purpose-built centre in Hereford, which culminated in January 1955 in the opening of Barrs Court Junior Training Centre. Prior to this, however, individual instruction by home teachers on a limited scale had been provided for children in their homes, supplemented by the formation of groups which met regularly in each of the market towns and which helped to provide social contacts otherwise not available. At the same time, the Women's Voluntary Services organised a weekly club—the "Bluebird Club" which provided group activities for the mentally handicapped in Hereford. It was from these home and group teaching sources that the children were drawn who formed the first entry to Barrs Court Centre.

In the first intake there were 13 children and initially there was a flexible time-table which provided an active programme of music and movement, dancing, various games and percussion band. As the intake rose it was possible to form two groups whose differing needs called for a more varied time-table. The early work of the Centre focused on habit, hygiene, and social training and on speech training, and these were gradually supplemented by art, music, needlework and eurhythmics. As time went on, the composition of the two basic groups altered calling for variation in the range and presentation of subjects whilst maintaining a policy of carrying out as much individual work as possible within mixed ability groups.

It has to be remembered that some mentally handicapped children are also in some degree physically handicapped; many have specific or generalised speech difficulties and thus difficulty in making themselves understood. Therefore training needs to be directed towards social adjustment, the development of physical co-ordination and the acquisition of simple skills with the object of helping to develop self-confidence and independence and increasing their capacity for associating freely with those around them.

As the Centre reached its full complement of 30 children—later increased to 32, grouping of children in the light of their mental age, emotional maturity and physical development became increasingly important. Various kinds of hand work, e.g. basketry, rug-making, and simple domestic instruction replaced some of the music and eurhythmics. In particular, the acquisition of radio, television, and a tape-recorder, and, more recently, a "Language Master" has widened the scope of lessons considerably and stimulated knowledge. It was possible to introduce simple pre-reading and pre-number activities followed by more intensive work as children were found to be ready.

The progress of each child is continuously assessed not only in the classroom but by regular formal medical examinations which in some instances have resulted in children returning to the ordinary schools and to the main stream of education. Individual needs and handicaps have been catered for by a wide range of specialist services, including dental and nursing services, speech therapy and physiotherapy.

The Centre has always been concerned to increase the children's awareness of the community in which they live and educational visits to public services coupled with classroom work have for many years formed an integral part of training. The first organised holiday took place at a private school at the seaside with Centre staff themselves carrying out all the catering and other personal arrangements. This has progressed to holidays in private hotels and recently to a 4-day educational visit to London. From the beginning children have travelled to and from the Centre by using the various public transport services throughout the county. This has widened their experience of the world around them and perhaps, equally, helped the general public to a better understanding of the mentally handicapped child.

From its inception the Centre has always attracted the sympathetic interest of the general public and this has frequently expressed itself in the most generous and practical terms. At the outset the Herefordshire Society for Mentally Handicapped Children worked hard to help create the climate of official and public opinion which enabled the Centre to become a reality; and in recent years the Parent/Teachers Association has continued to support and advance the interests and welfare of the children. The Association sponsored and financed a film of the life and work of the Centre which has been widely shown and has contributed much to increasing public knowledge and understanding of mental handicap. Perhaps the most remarkable example of public generosity was the raising of a very considerable sum of money for the construction and equipping of a swimming pool now used by various groups of mentally handicapped persons and in which a number of the children have learned to swim.

Looking back on the 15 years existence of Barrs Court Centre, it is possible to point to the benefits which training has brought to individual children and, through them, to their parents. More importantly, by its existence it has helped to establish the right of the mentally handicapped child to an education service equally with children who are better endowed. This is now fully accepted by all.

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